



## Washington State Linked Deposit Program Loan Enrollment Form

### Background

The Washington State Office of the State Treasurer (OST), Office of Minority & Women's Business Enterprises (OMWBE), Department of Community, Trade, and Economic Development (CTED), and the Washington State Department of Veterans Affairs (WDVA) are responsible for administering the Linked Deposit Program. Both the lender and applicant are required to complete this form for each loan. OMWBE is required to compile information on OMWBE certified firms receiving services through the Linked Deposit Program for program oversight and evaluation purposes (RCW 39.19.240). Information collected via this form is subject to public disclosure (RCW 42.17.260).

### Instructions

This form must be completed in order to enroll a loan in the Linked Deposit Program:

1. Office of Minority & Women's Business Enterprises (OMWBE) - \$175 million program limit
2. Washington State Department of Veterans Affairs (WDVA) - \$15 million program limit

**For the Applicant:** Participating lenders must have the loan applicants complete and sign the "Applicant Information" and "Applicant Profile" sections.

**For the Lender:** The lender must complete the "Lender Information" and "Loan Information" sections at the time the loan application process is completed and the lender has made a final determination on the loan request.

**Firms certified by OMWBE:**

**Fax completed form to:**  
Gerald Ballard, (360) 586-7079

**For OMWBE program information, contact:**

Gerald Ballard, OMWBE  
PO Box 41160  
Olympia, WA 98504-1160  
(360) 704-1196  
[geraldb@omwbe.wa.gov](mailto:geraldb@omwbe.wa.gov)

**Firms certified by WDVA:**

**Fax completed form to:**  
Heidi Audette, (360) 725-2197

**For WDVA program information, contact:**

Heidi Audette, WDVA  
PO Box 41150  
Olympia, WA 98504  
(360) 725-2154  
[heidia@dva.wa.gov](mailto:heidia@dva.wa.gov)

**For bank enrollment & CD information, contact:**

Kari Sample, OST  
PO Box 40200  
Olympia, WA 98504-0200  
(360) 902-9015  
Fax: (360) 704-5137  
[kari@tre.wa.gov](mailto:kari@tre.wa.gov)

*This form may be reproduced as needed.*

# Washington State Linked Deposit Program Loan Enrollment Form

## A.) Applicant Information (to be completed by certified firm)

Business Name

Business Address

City

State

Zip Code

Name of Applicant (please print)

OMWBE Certification Number

OR

WDVA Certification Number  
(To be completed by WDVA)

## B.) Lender Information (to be completed by bank representative)

Bank

Bank Address

City

State

Zip Code

Bank Representative (please print)

Title

Phone

Fax

## C.) Loan Information

1.) Amount of Loan Request: \_\_\_\_\_

2.) Loan Approval Date: \_\_\_\_\_

3.) Loan Term: \_\_\_\_\_

4a.) Interest Rate: \_\_\_\_\_  
Rate before interest rate reduction

4b.) LDP Interest Rate \_\_\_\_\_  
Effective rate after LDP reduction

5.) Type of Loan

☐ Line of Credit

☐ Term Loan

☐ Real Estate Loan

6.) Describe what the loan funds will be used for:

7.) Would this loan have been approved in the absence of the Linked Deposit Program?

If the lender is unable to provide the requested information, check "PROPRIETARY".

☐ Yes

☐ No

☐ Proprietary

## Washington State Linked Deposit Program Loan Enrollment Form (cont.)

### D.) Applicant Profile

1.) How many employees does the firm employ? \_\_\_\_\_

2.) How many jobs will be affected by participation in the Linked Deposit Program in the next two years?

Full time jobs saved: \_\_\_\_\_ Full time jobs created: \_\_\_\_\_

Part time jobs saved: \_\_\_\_\_ Part time jobs created: \_\_\_\_\_

3.) Will the benefits of the Linked Deposit Program materially contribute to the firm's ability to create or save jobs? If yes, explain:

4.) Will participation in the Linked Deposit Program materially contribute to the company's ability to obtain financing? If yes, explain:

### E.) Signatures

The undersigned hereby certifies that all information contained herein is true, correct, and complete to the best of his/her information and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bank Representative Signature

\_\_\_\_\_  
Date